



*"Service with Excellence
& Integrity"*

Arkansas Department of Community Correction

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ADMINISTRATIVE DIRECTIVE: 13-09 VOLUNTEER SERVICES

TO: DEPARTMENT OF COMMUNITY CORRECTION EMPLOYEES

FROM: SHELIA SHARP, INTERM DIRECTOR

SUPERSEDES: AD 11-09

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APPROVED: Signature On File EFFECTIVE: August 23, 2013

I. APPLICABILITY. This policy applies to all Department of Community Correction (DCC) staff and people from the community who participate in the Volunteer Program.

II. POLICY. The DCC will administer a Volunteer Program that encourages, supports, and recognizes the value of community involvement, expands and enhances client services and opportunities, benefits the DCC, and supports the DCC mission. (2-CO-1G-04; 4-APPFS-1C-04)

III. DEFINITIONS.

A. Occasional Volunteer. A volunteer who provides services to or on behalf of the DCC three or fewer times per calendar year and is supervised while with clients.

B. Regular Volunteer. A volunteer, including interns, who provides services to or on behalf of the DCC more than three times per calendar year.

IV. ROLES AND RESPONSIBILITIES. (2-CO-1G-03; 4-ACRS-7D-04; 4-ACRS-7B-05)

A. Deputy Director of Parole/Probation Services. The Deputy Director of Parole/Probation Services provides oversight direction for volunteer services consistent with DCC policy and procedures. He/she ensures the development and implementation of procedures for communicating with volunteers and for gaining volunteer input for program evaluation.

B. Volunteer Program Manager. The Volunteer Program Manager (VPM), reports to the Deputy Director of Parole/Probation Services and is responsible for managing and coordinating the statewide volunteer program. The VPM will organize and foster re-entry coalitions. The VPM will solicit input for the volunteer program from DCC employees, volunteers, clients, and the community. The VPM will monitor DCC volunteer activities throughout the state. The VPM must develop and maintain generic volunteer job descriptions for volunteers. The VPM must report volunteer and religious activities, collect and process suggestions from volunteers and consult with designated chaplains and volunteer coordinators at least annually to review procedures guiding ministers, volunteer coordinators, and volunteers. The VPM must review and evaluate the volunteer services program at least annually. (2-CO-1G-02; 2-CO-1G-10)

C. Center Supervisors & Parole/Probation Managers. Center Supervisors and Parole/Probation Area or Assistant Area Managers must designate an employee to serve as the Volunteer Coordinator for their area of responsibility.

D. Employees Volunteering. DCC employees must NOT perform volunteer work for DCC.

E. Volunteer Coordinator. The Volunteer Coordinator is responsible for the following:

1. Coordinating volunteer activities and services with the VPM.
2. Acting as a liaison between the VPM and the Center or Area.
3. Determining the need for volunteers in their areas of responsibilities and coordinating with the VPM concerning needed services.
4. Reporting volunteer hours as requested by the VPM.
5. Conducting a criminal record check on regular volunteer applicants in accordance with State and federal statutes. This record will include comprehensive identifier information to be collected and run against law enforcement indices to determine whether there are criminal convictions that may adversely affect job performance or service delivery. If suspect information on matters with a potential terrorism connection is returned, it must be forwarded to the DCC Internal Affairs Administrator for remitting to the local Joint Terrorism Task Force or State Police. If there is a substantive criminal history, provide the information with the application when reviewed by the Center Supervisor or Area Manager. (4-ACRS-7B-05, 4-APPFS-3A-02)
6. Conducting a reference check on regular volunteer applicants.
7. Ensuring each regular volunteer has a relevant job description. Generic job descriptions provided by the VPM may be tailored to fit a particular job.
8. Ensuring a volunteer supervisor is assigned for each volunteer.
9. Ensuring occasional volunteers do not work more than 3 times in a calendar year.

10. Ensuring each occasional volunteer is informed of the volunteer guidelines and they complete the Volunteer Guidelines and Release and Waiver of Liability form (AD 13-09 Form 2) before providing volunteer services.
11. Ensuring efforts are made to recruit and retain volunteers.
12. Maintain required certificates or licenses of volunteers in accordance with the Records Retention policy.
13. Ensure training is accomplished pursuant to guidance in the “Volunteer Orientation Checklist.”
14. For regular volunteers, the Volunteer Coordinator must
 - a. ensure each volunteer successfully completes orientation according to the Volunteer Orientation Curriculum and Volunteer Orientation Checklist form and receives training necessary to enable them to safely, efficiently, and effectively fulfill the job responsibilities prior to assignment. (2-CO-1G-07; 4-ACRS-7F-09)
 - b. ensures the volunteer applicant signs the “Volunteer Guidelines, Release & Waiver of Liability Agreement,” (AD 13-09 Form 2) during the orientation session. Keep the signed original with the application and give a copy to the applicant. (2-CO-1G-08; 4-APPFS-1C-06; 4-APPFS-1C-07)
 - c. ensure the volunteer receives a position description and it is explained before beginning duties.
 - d. Volunteers may not have access to sensitive or confidential client data without authorization from a DCC Assistant Director, Treatment Director, or higher and have signed the Volunteer Orientation Acknowledgement form to indicate their agreement to abide by confidentiality requirements and applicable policies. (4-APPFS-1C-07, 4-APPFS-3C-03)
 - e. Where required, ensure tests are completed and results indicate adequate understanding of the material.

F. Volunteer Supervisor(s). The person assigned to supervise a volunteer must ensure/accomplish the following:

1. Conduct an initial informal interview with prospective volunteers to assess interests, motivation, job related knowledge, skills and abilities, training needs, job interests, expectations, and coordination of any service activities. Placement of volunteers should be in jobs where the volunteer can be successful and assist the agency in achieving its mission or fulfilling its responsibilities. Student volunteers should be provided duties and responsibilities that serve their educational goals while supporting the agency mission.

2. When a new volunteer is approved, send an email to the VPM requesting an ID card, for interns also include a digital photo. The VPM will ask HRS to make a Volunteer ID card and send it to you.
3. Within the scope of the job description, define volunteer duties and designate the frequency in which they will be performed during a specific period.
4. Work with the Volunteer Coordinator to ensure initial orientation and training are accomplished as described in the Volunteer Orientation Checklist; assess further training needs and provide for on-the-job training.
5. Supervise the volunteer's day-to-day work, as appropriate.
6. Ensure volunteers record the date(s) and hours worked. The Volunteer Time Sheet (AD 13-09 Form 4) may be used.
7. Update all volunteers on new or revised policies that affect the volunteer.
8. Provide monthly reports, as established by the VPM, to the Volunteer Coordinator for reporting.
9. Provide support, routine consultation and clarification of policies and procedures for the volunteers.
10. Ensure volunteers wear an identification tag which clearly states "VOLUNTEER". (2-CO-1G-06 4-ACRS-7F-10)
11. Upon request or as established with the educational program, supervisors of intern volunteers must provide the instructor with a written evaluation of the intern volunteer's performance.
12. Ensure volunteers do not directly perform professional services unless specifically and lawfully credentialed to do so, for example performing medical services or social work. (4-ACRS-7B-03)
13. Distribute, collect, and forward any suggestions or input from a volunteer to the VPM. Evaluation should be a routine part of the volunteer experience; however, when a volunteer gives notice that they will no longer volunteer with the agency, an evaluation form should be provided at the exit interview.
14. Perform an exit interview with the volunteer, if conditions permit, to solicit feedback about the volunteer's experience and suggestions for improvement, using the Volunteer Program Suggestion and Evaluation form.
15. If a volunteer or intern is unable to provide adequate services or does not comply with policies, the supervisor must take appropriate action including terminating services. Supervisors should consider establishing an end date for the regular volunteer's services. Others in the supervision chain may also take action to terminate a volunteer's services.
16. Consider safety and security when selecting volunteers and assigning duties.

G. Recruiting Volunteers. Volunteers should be recruited from all cultural and socioeconomic segments of the community without unfair discrimination. Volunteers may serve as advisors, interpreters, and similar direct service roles. (2-CO-1G-01; 4-ACRS-7F-08; 4-APPFS-1C-05; 4-APPFS-1C-03)

H. Volunteer Application & Approval Process. Occasional volunteers are not required to complete an application or have a background check. Occasional volunteers are limited to working a maximum of 3 times per calendar year; in order to work more they must meet the requirements for a regular volunteer.

A supervised group of volunteers (such as a choir) is not required to meet the qualifications of a regular volunteer. However, each group member must complete the Volunteer Guidelines and Release and Waiver of Liability form (AD 13-09 Form 2).

Persons wanting to be regular volunteers must submit a Volunteer Application (AD 13-09 Form 1). The Volunteer Coordinator must complete both the background and reference check and indicate completion. The Volunteer Coordinator will give the application and background check to the appropriate supervisor.

The supervisor will contact the volunteer applicant and schedule an interview. The volunteer supervisor will review volunteer applications to determine the suitability as a DCC volunteer. (2-CO-1G-05;)

The volunteer supervisor will record a recommendation on the application (AD 13-09 Form 1) and forward it to the Center Supervisor or the Area Manager who will make a final decision and return the application to the Volunteer Coordinator. The review and approval process must be completed on all volunteer requests within 15 days of receiving the volunteer application. The Volunteer Coordinator will notify the applicant of the decision. If the application is denied it will be kept in a file marked "Denied Volunteer Applicants".

The Volunteer Coordinator must keep on file the applicant's application, background check, waiver, and a copy of the position description and documentation of recognition activities. A record of volunteer hours should be kept. .

If an approved volunteer completed all orientation processes and wishes to extend their activities outside of the initial volunteer site, the volunteer is not required to complete duplicative paperwork. Upon request, the Volunteer Coordinator with the original documents will provide copies of the application, the liability waiver form, the background check and the orientation checklist to any other DCC Volunteer Coordinator at subsequent sites. The Center Supervisor or Area Manager still needs to authorize the volunteer for the additional service sites.

I. Volunteer Requirements & Responsibilities. Volunteers are responsible for the following:

1. Comply with the volunteer guidelines.
2. Document volunteer hours on the Monthly Volunteer Time Sheet (AD 13-09 Form4) or an alternate method, and ensure the Volunteer Coordinator has the information on the last day of each month.
3. All regular volunteers must complete required forms and orientation. .
4. All volunteers are encouraged to submit suggestions, comments, and ideas for program improvement to the Volunteer Manager. (2-CO-1G-09; 2-CO-1G-10)

J. Staff Training. The Deputy Director of Parole/Probation Services must ensure training on this policy is available to appropriate staff.

K. Volunteer Exemptions. Volunteers are exempt from all provisions of the law relative to employee compensation and benefits.

L. Drug Testing. Volunteers will be drug/alcohol tested upon reasonable suspicion, and following approval of the appropriate Manager/ Supervisor or Deputy Director.

V. ATTACHMENTS.

AD 13-09 Form 1 Volunteer Application
AD 13-09 Form 2 Volunteer Guidelines, Release & Waiver of Liability Agreement
AD 13-09 Form 3 Volunteer Orientation Checklist
AD 13-09 Form 4 Volunteer Time Sheet
AD 13-09 Form 5 Volunteer Program Suggestions and Evaluation Form

Arkansas Department of Community Correction

VOLUNTEER APPLICATION

Instructions. Use this form to apply to work as a "regular volunteer" at a Department of Community Correction (DCC) location or on behalf of DCC. This form is not required if you volunteer with a group that is being supervised by DCC staff, such as a choir, or if you are an occasional volunteer which means you volunteer no more than three times in a year.

_____ Name	_____ Home Telephone	_____ Work Telephone	
_____ Street Address	_____ Cell Phone Number	_____ Email Address	
_____ Mailing Address	_____ City	_____ State	_____ Zip

☐ Professional: _____ License or Certification: _____

Organization/Agency Representing (when applicable): _____ Phone: _____

Background Check Information

You are not automatically precluded from volunteering because you have a criminal record.

_____ Driver's license Number	_____ SSN#	_____ State Issued	_____ Date of Birth
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Do you have a close association with or are you related to anyone who resides in a DCC center or who is under DCC parole or probation supervision?

☐ Yes ☐ No If yes, please explain and indicate are you an approved visitor? ☐ Yes ☐ No

Emergency Contact Information

_____ Name	_____ Relationship	_____ Home Telephone	_____ Work Telephone
_____ Address	_____ City	_____ State/Zip	_____ Cell Phone Number

Volunteer Preference – Check all that Apply

☐ Mentor ☐ Treatment ☐ Religion ☐ Education ☐ Clerical ☐ Administration
☐ No direct contact with Clients (Offenders) ☐ Direct Contact with Clients (Offenders)

Other (Explain): _____

Volunteer Location Preference

☐ Center Location ☐ Central Office, Little Rock
☐ Parole/Probation Office Location

Availability/Time of Day

Times: _____
Days: _____
☐ Weekly ☐ Monthly ☐ Special Event Only ☐ As Needed
☐ Saturday ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Work/Volunteer Experience

Attach a separate sheet if necessary.

Job Skills

References Please list at least two references.

Name

Occupation

Relationship

Phone Number

Name

Occupation

Relationship

Phone Number**Interests/Hobbies**

Motivation for Volunteering

Student Information

Name of School

Department

Degree Program

Academic/Student Advisor

Advisor's Email Address

Advisors Telephone Number

School Address

City

State

Zip Code

PERMISSIONS

I hereby give permission for the DCC Volunteer Program staff to conduct a background check and contact my references and/or an academic advisor.

Volunteer Signature

Date

REVIEW☐ Background Check CompletedDate:

☐ Reference Check CompletedDate:

Volunteer Coordinator's Signature

Date

Volunteer Supervisor's Recommendation:

☐ Recommend☐ Do Not RecommendDate:

Supervisor's Signature☐ Approved Applicant☐ Denied ApplicantDate:

Center Supervisor / Area Manager or Above

Arkansas Department of Community Correction (DCC)
VOLUNTEER GUIDELINES, RELEASE & WAIVER OF LIABILITY AGREEMENT

1. I will follow Volunteer Guidelines and DCC policy that would reasonably be considered applicable.
2. I will perform my volunteer services in compliance with the DCC Code of Ethics and Rules of Conduct policy.
3. I will not bring onto DCC property any of the following items: cell phones, explosive devices, firearms or other weapons, ammunition, alcoholic beverages, tobacco products, narcotics, or objects or materials of any kind that might be used to compromise the security and safety of the facility.
4. I will not participate in DCC activities or be on DCC property while under the influence of illegal drugs or alcoholic beverages. I understand that I am subject to drug and alcohol testing upon reasonable suspicion and approval of the Center Supervisor or Parole/Probation Manager.
5. I will leave my purse and unnecessary objects locked in the trunk of my vehicle when on DCC property. I understand that my person, personal items, and vehicle are subject to screening and/or search. I will provide a photo ID or a DCC volunteer badge upon request by DCC personnel. I will wear a DCC volunteer badge at all times while on DCC property.
6. I will dress appropriately while on DCC property. I understand that miniskirts, short dresses, shorts, halter tops or halter dresses, see through clothing, tight clothing, or other provocative clothing will not be allowed. My clothing will not promote alcohol or drugs, illegal actions, racial comments, vulgarity, sexual implications, or profanity.
7. I will not exchange any material with a client (offender) such as notes, correspondence, money, food, or gifts I will not participate in a personal relationship with a client or offender nor will I divulge personal information. I understand that this action could place me at risk.
8. I will keep all client (offender) information confidential. I will not commit DCC to any financial obligations. I will not speak on behalf of nor act as a representative of the DCC.
9. I will obey all safety and security instructions including all facility procedures. I will work within my job duties and my physical assignments. I will follow supervisory guidance.

For the good and valuable consideration of participating in the Arkansas Department of Community Correction (DCC) Volunteer Program, I, for myself, my successors, heirs, assign, executors, administrators, spouse, and next of kin, do hereby understand and agree to the following:

1. My participation as a volunteer may involve risk of serious injury or harm.
2. I hereby assume any and all liability and risks of injury or harm, including permanent or partial disability, medical bills, death, damage to my property, or death caused by or arising from my participation in the volunteer program.
3. I will not, nor will any person or entity on my behalf, initiate, pursue nor participate in a lawsuit or claim, including any for personal injury, property damage, or wrongful death, against the State of Arkansas, DCC, its employees, officers, agents, volunteers, the Parole Board, or the Board of Corrections, for damages arising out of or attributable to my participation in the volunteer program.
4. I release and discharge the DCC, its employees, officers, agents, volunteers, the Parole Board, and the Board of Corrections from any liability, loss, damage, claim, demand, or any cause of action against them arising out of or attributable to my participation in the volunteer program, whether the same arises from negligence or otherwise.

I, _____, agree to serve in the Arkansas Department of Community Correction Volunteer Program. I commit to performing my assigned volunteer duties to the best of my ability and to follow DCC guidelines, policies, and procedures. I have read this document and understand that I am waiving substantial rights. I voluntarily sign this document and by doing so, assume all risks attendant and pertaining to participating in the DCC volunteer program.

Volunteer's Printed Name

Date

Volunteer's Signature

Volunteer Supervisors/Coordinators Name

Date

Volunteer Supervisors Signature

Arkansas Department of Community Correction
VOLUNTEER ORIENTATION CHECKLIST

Volunteer Name: _____ Address: _____

Telephone Number(s): _____ Email: _____

Instructions. Supervisors of Volunteers must work with the Volunteer Coordinator to ensure initial orientation and training are accomplished as described in the training paragraph; assess further training needs and provide for on-the-job training. At a minimum these topics must be addressed, check items when done, and ensure each volunteer receives training necessary to enable them to safely, efficiently, and effectively fulfill the job responsibilities prior to assignment. Some training material is available on EagleNet in the Volunteer team website.

Site Orientation & Safety Procedures

- ☐ History of Department
- ☐ Mission Statement
- ☐ Overview of DCC programs and services
- ☐ Explanation of Local Office Divisions
- ☐ Emergency Plan
- ☐ Reporting & Investigating Incidents & Hazards Policy
- ☐ Personal Safety
- ☐ Facility, Premises, or Site Rules
- ☐ Parking
- ☐ Supplies and Office Machines
- ☐ Access to Building or Office Areas
- ☐ Escort

General Topics

- ☐ Record Hours
- ☐ Volunteer Identification
- ☐ Limits of Liability
- ☐ Job Description, Duties, and Assignment
- ☐ Supervision of Activity, Clients, Residents
- ☐ Supervisor Chain-of-Authority
- ☐ Who and How to Contact Them
- ☐ Volunteer Input
- ☐ Evaluations and Suggestions
- ☐ Volunteer Guidelines, Release & Waiver of Liability Agreement Form (review this document)

Purpose of the Volunteer Program

- ☐ Benefits of Volunteering
- ☐ Benefits for DCC and DCC clients
- ☐ Employment Opportunities

Client Dynamics

- ☐ Dynamics of Addiction
- ☐ Cultural Diversity and Sensitivity

Questions & Comments

Ensure Training/Reading and Understanding of these Policies and Completion of the Related Test(s)

- ☐ Code of Ethics and Rules of Conduct
- ☐ Drug-Free Workplace
- ☐ Offender Records (with emphasis on confidentiality)
- ☐ Sexual Harassment
- ☐ Dress Code and Appearance
- ☐ Tobacco (Smoke-Free Workplace)
- ☐ Rape, Abuse, and Harassment Elimination
- ☐ Rape Elimination Test; Score: _____
- ☐ Other _____

My signature confirms that the items indicated on the Volunteer Orientation Checklist were included in my orientation training on this date. I agree to abide by confidentiality requirements and applicable policies. (4-APPFS-1C-07, 4-APPFS-3C-03[P])

Volunteer Signature At Completion of Orientation

Date

My signature confirms to the best of my knowledge this volunteer has adequate training and understanding to perform assigned duties.

Training Instructor Signature At Completion of Orientation

Date

Residential Center Name	Parole/Probation Office & Area Number	Central Office
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Central Office

Report Month

[illegible]

TELL US ABOUT You:

_____ FEMALE _____ MALE

AGE _____

RACE _____

Do you volunteer through an organization or agency? _____ No _____ YES (if yes, please provide name of organization, agency, or religious institution). _____

How long (months) have you been a volunteer with DCC? _____

Where do you volunteer (check one)?

At a residential center _____ or at a Parole/Probation _____ or Central Office _____

Thank you for your time and for volunteering with DCC.

Volunteer signature: _____ Date: _____